

REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Election



Delbert Hosemann  
SECRETARY OF STATE

MAY 11 2010

Campaign Finance  
Secretary of State

Name of Candidate John A. Gregory  
Address P.O. Box 416, Okolona, MS 38867 County Chickasaw  
Telephone Work 662-447-5454 Home 662-447-3581 Fax 662-447-5491  
Contact Name Sue Blankenship Email Address jagaw@bellsouth.net  
Office Sought Circuit Court Judge, Third Circuit Court District  
Third Place

☐ Check here if above is different from previous report

- ☒ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory  
☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$7,000.00+\$	\$	\$7,000.00
Total amount of disbursements	\$7,000.00 +\$	\$	\$7,000.00
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

May 6, 2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 130, Jackson, MS 39206 or fax to 601-359-1499 or 601-676-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John A. Gregori

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of

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Reporting period

11/09

through

9/30/10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		3/17/10	\$7,000.00
Mailing Address		Bank of Okolona	\$
P.O. Box 306		___/___/___	\$
City, State, Zip Code		Okolona, MS 38860	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
See attached Report on loan & line of credit.			
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

John A. Gregory

Reporting period

11/1/09

through

4/30/10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Committee To Elect John A. Gregory,</u>	<u>3/17/10</u>	\$ <u>7,000.00</u>
Mailing Address		
<u>P.O. Box 466</u>		
City, State, Zip Code		
<u>Okolona, MS 38860</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Campaign cards, media, consultant</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$